

08/23/1999 02:53P SSH195 FY00-000-11162

FILED # C20714-99**Articles of Incorporation**

AUG 23 1999

Of**BullsEye, Inc.**

BY THE OFFICE OF
DEAN HELLER, SECRETARY OF STATE

Article I

The name of the corporation is: **BullsEye, Inc.**

Article II

The Resident Agent of the corporation is Val-U-Corp Services, Inc. The address of the Resident Agent where process may be served is:

1802 N. Carson St., Suite 212
Carson City, Nevada 89701

Article III

The number of shares the corporation is authorized to issue is 10,000 shares with a par value of one dollar (\$1.00) per share. The stock shall be non-assessable.

Article IV

The governing board of the corporation shall be styled as Directors. The First Board of Directors shall consist of one (1) member whose name and address is listed as follows:

Daniel A. Kramer
1802 N. Carson St., Suite 212
Carson City, Nevada 89701

Article V

The purpose of the corporation shall be general business and any legal activity.

Article VI

The Incorporator's name and address is listed as follows:

Daniel A. Kramer
1802 N. Carson St., Suite 212
Carson City, Nevada 89701

I, the undersigned, being the Incorporator hereinbefore named for the purpose of forming a corporation pursuant to General Corporation Law of the State of Nevada, do make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand this August 23, 1999.



Daniel A. Kramer
Incorporator

I, Val-U-Corp Services, Inc., hereby accept appointment as Resident Agent for the previously named corporation this August 23, 1999.



Daniel A. Kramer
President

INITIAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF

FILE NUMBER

~~Bullseye, Inc.~~

(Name of Corporation)

A NEVADA CORPORATION

(State of Incorporation)

The Corporation's duly appointed Resident Agent in the State of Nevada upon whom process can be served is:

VAL-U-CORP SERVICES, INC.
1802 NORTH CARSON STREET SUITE 212
CARSON CITY, NV 89701

August 23 1999 C2071499

(Incorporation Date)

FOR THE FILING PERIOD 8/99 TO 9/99

FOR OFFICE USE ONLY

FILED (DATE)

FILED**OCT 06 1999**Dean Heller
Secretary of State

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Print or type names and addresses, either residence or business, for all officers and directors. A president, secretary, treasurer and at least one director must be named.
2. Have an officer sign the form. FORM WILL BE RETURNED IF UNSIGNED.
3. Return the completed form with the \$85.00 filing fee. A \$15.00 penalty must be added for failure to file this form by the 1st day of the 2nd month following incorporation date.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business per NRS 78.125. If you need the below attachment file stamped, enclose a self-addressed stamped envelope. To receive a certified copy, enclose a copy of this completed form, an additional \$10.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 101 North Carson Street, Suite 3, Carson City, NV 89701-4786. (775) 684-5708

FILING FEE \$85.00

LATE PENALTY \$15.00

THIS FORM MUST BE FILED BY THE 1st DAY OF THE 2nd MONTH FOLLOWING INCORPORATION DATE

NAME <u>JOSEPH MILLER LEAVITT</u>	TITLE(S)	PRESIDENT	
PO BOX	STREET ADDRESS <u>149 ROXIE DRIVE</u>	CITY <u>FLORENCE</u>	ST AL ZIP <u>35620-03</u>
NAME <u>Frederick I. Ordway</u>	TITLE(S)	SECRETARY	
PO BOX	STREET ADDRESS <u>3425 Lookout Drive</u>	CITY <u>HUNTSVILLE</u>	ST AL ZIP <u>35801</u>
NAME <u>JOSEPH MILLER LEAVITT</u>	TITLE(S)	TREASURER	
PO BOX	STREET ADDRESS <u>149 ROXIE DRIVE</u>	CITY <u>FLORENCE</u>	ST AL ZIP <u>35623</u>
NAME <u>JOSEPH MILLER LEAVITT</u>	TITLE(S)	DIRECTOR	
PO BOX	STREET ADDRESS <u>149 ROXIE DRIVE</u>	CITY <u>FLORENCE</u>	ST AL ZIP <u>35623</u>
NAME <u>FREDERICK I. ORDWAY</u>	TITLE(S)	DIRECTOR	
PO BOX <u>3425 LOOKOUT DRIVE</u>	STREET ADDRESS	CITY <u>HUNTSVILLE</u>	ST AL ZIP <u>35801</u>
NAME <u>FREDERICK I. ORDWAY</u>	TITLE(S)	DIRECTOR	
PO BOX	STREET ADDRESS <u>3425 LOOKOUT DRIVE</u>	CITY <u>HUNTSVILLE</u>	ST AL ZIP <u>35801</u>

I hereby certify the above

X Signature of officer

PRESIDENT
TREASURER
DIRECTOR
Title(s)

Date

Sept 29, 1999